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See instructions and privacy statement on page 2.

SUBTOTALS													
(15) COST OBJECT	AMOUNT	REMARKS AND DETAILS (Attach receipts/vouchers when required)										CLAIM TOTAL	
(16) TOTAL													

(17) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the State of California and that all items shown were for official State business. I also certify that if a privately-owned vehicle was used, I have met the insurance requirements in accordance with DAM 4131 (SAM 0754) and a DWR 4107 is on file, and that the actual cost of operating the vehicle was equal to or greater than the rate claimed for mileage rates exceeding the minimum amount permitted by the IRS, DPA rules, or the appropriate MOU.

SIGNATURE OF CLAIMANT	DATE	(18) SIGNATURE OF OFFICER APPROVING PAYMENT	DATE
(19) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES	DATE	<u>FOR ACCOUNTING USE ONLY</u>	
TITLE	REVOLVING FUND CHECK NUMBER/CHECK DATE		
NCR USE ONLY		TRIP NUMBER	

NCR USE ONLY

DWR 330 (Replaces STD. 262) (Rev. 7/08) Side One